

★ MAR 25 2020 ★

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

20-CV-1580(RRM)(LB)

JEFFERY LAMM 3491905714
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND

YES ☒ NO ☐

-against-

Prison Health Services

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ☒
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

**2. Court (if federal court, name the district;
if state court, name the county)**

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (✓) No (✓)

C. If your answer is YES,

1. What steps did you take?

Filed Grievance

2. What was the result? _____

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Address

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

I have been on the wrong medication
because of a misdiagnosis for 6 mos
I have been deferring since September 2019
receiving 50 ml of Zolof and 10ml Rimon.
I am a veteran with PTSD, Severe Chronic
Depression, Adult Attention Deficit and Anxiety
disorder. I take 300 mls Wellbutrin daily.
I have brought this to the attention of psych as well as /
IV.A If you are claiming injuries as a result of the events you are complaining about,
describe your injuries and state what medical treatment you required. Was
medical treatment received?

psychological and emotional
pain and suffering

discharge
planning

on multiple
occasions

V. Relief:

State what relief you are seeking if you prevail on your complaint.

Immediately release to \$1,000,000 million
dollars and or what the court deems
just and proper

I declare under penalty of perjury that on 3/1/2020 (Date), I delivered this
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

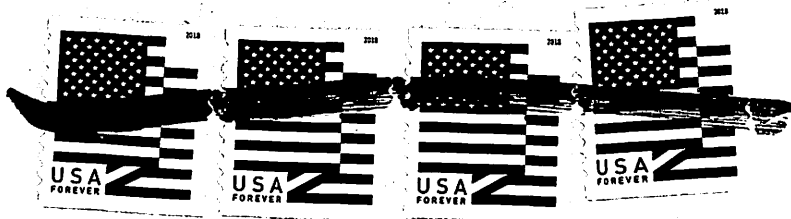
Signed this 29 day of February, 2020. I declare under penalty of
perjury that the foregoing is true and correct.

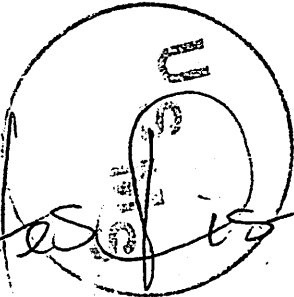
Signature of Plaintiff

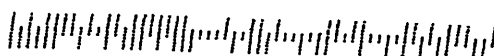
Name of Prison Facility

Address

Prisoner ID#




Descriptive Card
225 Cadman Pl.
NY NY
11201



JEFFERY HAMM SN
✓ 349-19-05714
1500 HAZEN St.
Rikers Island
Elmhurst N.Y.
11370

United S
EDNY
East, ~~St~~